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1995

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95 FEB 23 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 835908 (5)

1. COMPANION LIFE INSURANCE COMPANY

Principal Office or Business	Mailing Address
300 ARBOR LAKE DRIVE SUITE 1100 COLUMBIA SC 29223	300 ARBOR LAKE DRIVE SUITE 1100 COLUMBIA SC 29223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1976	3a. Date of Last Report: 03/01/1994
4. FEI Number: 57-0523959	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, JOSEPH F	12 NAME	
STREET ADDRESS	1 KIRKWOOD ST	13 STREET ADDRESS	
CITY-ST-ZIP	CAMDEN, SC 0	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SELLERS, M. EDWARD	22 NAME	
STREET ADDRESS	10 CEDAR WOOD LANE	23 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA, SC 00000	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	LEICHTLE, ROBERT A	32 NAME	
STREET ADDRESS	109 POND RIDGE RD	33 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA, SC 00000	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	GRAY, VIVIAN B.	42 NAME	
STREET ADDRESS	828 PACES RUN COURT	43 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA, SC 00000	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	VD X Change ☐ Addition
NAME	STUBBS, LINWOOD L.	52 NAME	DASHIELL, DONALD H.
STREET ADDRESS	7 LEHIGH COURT	53 STREET ADDRESS	243 COLUMBIA CLUB DRIVE EAST
CITY-ST-ZIP	COLUMBIA, SC 0	54 CITY-ST-ZIP	BLYTHEWOOD, SC 0
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	FAULDS, THOMAS G.	62 NAME	
STREET ADDRESS	312 WEST SPRINGS ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC	64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: Treasurer H. M. Hinton Jr 2/20/95 (803) 735-1251

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

Daytime Phone #

0400632 PH

OFFICERS AND DIRECTORS CON'T

VD
SKIFF, JAMES H.
101 WESTLAKE FARMS DRIVE
BLYTHEWOOD, SC

VD
HIGGINS, CHARLES L
ROUTE 1 BOX 511D
PROSPERITY, SC